MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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Terminal Color of Injury in PART I or PART II of Item 18.) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20. TIME OF Hou INJURY 20a. PLACE OF INJURY 20a. in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE		z l				질		OTHER SIGNIFICANT C	ONDITION	S CONTRIBI	JING TO DEAT	H but not relate	ed to the	terminal	PART 111. 1f	deceased	was female was
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STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Description 1
Student	Signed AW Storesand
Signature of Student Embalmer	
	Licensed Embalmer No. 46.67
	P. O. Address M. Laur m
·	P. O. Address 171 Process

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.